



St Thomas More Catholic School, Palace Fields, Buxton, Derbyshire, SK17 6AF Headteacher: Mr B Hickey

Year 7 visit to the Peak Wildlife Park

Dear Parents

We are planning to take our Year 7 pupils to the Peak Wildlife Park, near Winkhill as part of their Key Stage 3 Biology studies.

The visit will take place on three days in June –

7B Tuesday 6th June
7C Wednesday 7th June
7F Thursday 8th June

We will leave school at 9.20am after registration and return by 3.10p.m. We will be outside all day so pupils will need to wear comfortable clothing e.g. jeans, t-shirts, hoody and shoes suitable to wear in the countryside. They will also require the following items:

- A packed lunch and drinks
- A waterproof jacket or sun-cream and hat (depending on the weather)
- A small amount of money if they wish to visit the onsite shop.

Travel will be by coach and we are asking for a voluntary contribution of £16.00 to enable the trip to take place. As representatives of the school I expect all pupils to behave to our usual high standards. Anyone whom we cannot trust to behave well will not be included in the trip.

Please complete and return the attached consent form and make payment via Parentpay by **Friday 13th May**. If you have not already logged and have mislaid your password sent out in December via Royal Mail we can re-issue the details. If you wish to pay by Paypoint (cash option) please contact school to arrange this.

Yours truly,

SM Rimmer
Head of Science

Peak Wildlife Park 2017

PLEASE RETURN THIS SECTION ONLY TO THE FINANCE OFFICE

[In order to comply with Health & Safety Regulations we **must** receive this completed consent form at least **2 weeks** prior to the date of the trip. **NB.** Your child will not be allowed on the trip if you do not comply with this request.]

Student: _____ Form: _____

I am willing for my son/daughter to take part in visiting the Peak Wildlife Park
I acknowledge the need for my child to behave responsibly.
I understand that all reasonable care will be taken to ensure the safety of those in the party.

Medical information about my child:

[a] Any condition requiring medical treatment, including medication? Yes/No
[Please circle as appropriate]

Please give brief details below; if your child requires medication, a parental consent Form 5 must be completed.

When did your child last have a tetanus injection? _____

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided and have read the attached letter.

Contact telephone numbers:

Work: _____ Home: _____

Home Address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family Doctor: _____ Telephone number: _____

Address: _____

This form or a copy will be taken by the Group Leader on the visit. Full details will be retained by the school contact.

£16.00 Payment has been made via Parentpay.

I agree to abide by the terms and conditions for educational visits. (Terms and Conditions can be found on the school website www.st-thomasmore.derbyshire.sch.uk, paper copies are available upon request.)

Signed _____ Date: _____

Full name (capitals): _____